

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10817007
APPLICANT(S)

FILED DATE 04-05-04

2/19/11/10

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7		2		1		
8		2		2		
9		2		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14	2		2			
15	2		2			
16	1		1			
17	1		1			
18	1		1			
19	1		1			
20	1		1			
21	1		1			
22	1		1			
23	1		1			
24	1		1			
25	1		5			
26	1		1			
27	1		1			
28	1		1			
29	1		1			
30	1		1			
31	1		1			
32	1		1			
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48						
49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	40		24			
TOTAL CLAIMS	41		24			

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						